

## FREUD AND PSYCHIATRY\*

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THIS is an extraordinary occasion—this tribute to Sigmund Freud. It is a celebration and a commemoration. We are filled with great appreciation that such qualities—such generating perception, penetration and vision, such energizing and organizing capacity—should have come together in one man, catalyzing the culture of the century and our discipline of psychiatry. It has been given to few so to stir the minds of men and society and to make such contributions—Aristotle, Copernicus, Darwin and whom shall we select of the Nobel Prize mathematicians and atomic physicists? Einstein?

It has been a great gratification and inspiration to have shared in the enlightenment which Freud initiated.

Freud studied dissociated states: the phenomena of the unconscious, the repressed, the indirectly expressed, the symbolic. In a manner not unfamiliar to psychoanalytic practice, in a kind of amphibolous fashion, I shall not concentrate alone on the intellectual, but shall address you in a dissociated way—with charts to stimulate your memories, your reveries and your free associations—while at the same time I will carry on a running account directed to your cortex. Eugene O'Neill dramatized the hidden, amphoteric currents with masks and asides.

Several diagrams are presented for a coup d'oeil of the historical perspective in which psychoanalysis developed.\*\*

Witchcraft derived from the Judeo-Christian tradition and appeared in man's inhumanity to man—persecution, torture, death. This was not confined to Salem. It remains in many of our institutions, current in much of our culture, ideas and activities, concerning the treatment (or absence of it) of mental and emotional illness. In addition to the humani-

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\*\*For the thinking of an American at the turn of the century, see *The Varieties of Religious Experience—A Study in Human Nature* by William James, the Gifford Lectures on natural religion delivered at Edinburgh, 1901-2. New York, Longmans Green and Co., 1916, pp. 207-234.

TABLE I—PSYCHIATRIC HISTORY

<i>Lunacy</i>	<i>Witchcraft</i>	<i>Astrology</i>
Torture	Thou shalt not	Royal Touch
Exorcism	suffer a witch	Animal Magnetism
Burning	to live	
<i>Humanitarian Treatment</i>		
Pinel—1745-1828		Paracelsus—1493-1541
Tuke—1827-1895		Mesmer—1734-1815
		Braid—1795-1861
		Mesmerism = Hypnotism

TABLE II—PSYCHIATRIC HISTORY

Charcot—1825-1893 Hypnosis = pathologic = only in hysteria	vs.	Liébeault & Bernheim Hypnosis = suggestion, not pathologic
Janet—dissociation, sub- conscious, psychological tension, psychasthenia		Bleuler—schizophrenia, autism, dereism
		Meyer—Psychobiology
Freud—unconscious, sex, psychological mechanisms, psychoanalysis		Jung—libido, collective unconscious, psychological types, dementia praecox, functional disease
		Adler—inferiority, will to power, compensation

tarian methods of Pinel and Tuke, a healing tradition developed from the concept of the Royal Touch and Paracelsus' notions of the influence of the stars and the value of magnetism in healing. From all this one traces a line of development to Mesmer, Charcot, Liébeault, Bernheim, Breuer, Freud. Witchcraft is essentially hysteria. The Royal Touch, astral and "magnetic influences," and Mesmerism were essentially hypnotism.

The contrast between psychoanalytic psychiatry and psychoanalysis is shown in several diagrams. Mapother as a representative of classical

TABLE III—PSYCHIATRIC HISTORY

<i>Suggestionists</i>	<i>Persuasionists</i>
Babinski—pithiatism	Dubois—intellectual
Baudoin—auto-suggestion	
Coué—auto-suggestion	Dejerine—emotional

*Kraepelin, 1856-1926*

Classification, delineated concepts of dementia praecox  
and manic depressive insanity

*McDougall*

Elaboration of instincts

*Emphasis on functional point of view in Physiology and Psychology*

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Cannon	Wolff and Wolf	Rado
Pavlov	Ferenczi	Horney
Freud	Rank	Sullivan
Selye	Alexander	

TABLE IV—FUNDAMENTAL REACTION TYPES

Mapother

Syntonic	} Manic Depressive	Anxiety Neurosis
Confusional		Neurasthenia
Schizoid		
Paranoid		
Hysteric		
Mapother thinks that neurasthenic conditions belong to the depressive syntonic reaction type, whereas anxiety states belong to the syntonic manic group.		

psychiatry presented the simplest modern classification of reaction types in non-analytic psychiatry. This represented an effort, a search, marked in classical psychiatry, to go beyond the descriptive and symptomatic levels to deeper, dynamic ones. (Mapother omits in his classification the repetitive, obsessive, psychasthenic type.)



Page\* (Table VII) in *Abnormal Psychology* has constructed a diagram which incorporates the Death Drive with psychoanalytic theory. The dynamic relationships of the various aims and principles are represented. Page's scheme has seemed helpful in psychoanalytic orientation.

TABLE VII—GENERAL BIOLOGICAL ENERGY (Page)

<i>Eros or Life Drives</i>		<i>Thanatos or Death Drive</i>
Libido Impulses	Ego impulses	Death and Aggression Impulses
guided by	guided by	guided by
Pleasure Principle	Reality Principle	Nirvana Principle
expressed by	expressed by	expressed by
Self love, love of others, uninhibited pursuit of pleasure	Satisfying needs of the body in socially approved manner. Use of sublimation and repression	Destructiveness towards others and toward self
Located in the Unconscious	Located in the Conscious and Unconscious	Located in the Unconscious
Represented by the Id	Represented by the Ego and Super-ego	Represented by the Id

These diagrams represent great complexity even in outline. But they give us a sort of map which enables us to orient ourselves in some of the personality and behavior labyrinths of the human being. All this is not confined to the bizarre, the neurotic, the psychotic, the extreme, but is representative also to some degree of the normal. Some believe even these diagrams are too narrow, partial and specialized in that these psychoanalytic paradigms of human behavior present serious limitations. It is felt that biological, chemical, cultural factors in the genesis of behavior should be recognized and emphasized. These outlines indicate the great perception, penetration and capacity for integration and synthesis of Freud, which few if any psychologists have approached.

Charcot, Adolph Meyer, Freud, all started as pathologists and moved from the materially and physically observable to the world of psychology. Meyer from his observations thought schizophrenia represented the accentuation of habits of withdrawal, exaggerations of

\* Page, James D. *Abnormal Psychology*, New York and London, McGraw-Hill Book Company, Inc., 1947, pages 1 and 6.

maladaptive techniques in the face of life's problems and frustrations—in contrast to Kraepelin who believed toxic factors lay at the base of the condition. When I was a student in the early decades of the century, Meyer's classification with its very Greek terminology was much in ascendency with its emphasis on the various *ergasias*.

TABLE VIII—PSYCHOBIOLOGY  
The *Ergasias* (Meyer)

Pathergasias	Abnormal behavior
Meregasias	Minor, part reactions Psychoneurosis
Holergasias	Whole reactions Psychosis
Thymergasias	Affective reactions Hyperthymergia elation Hypothymergia depression
Parergasias	Schizophrenia
Dysergasias	Deliria
Anergasias	Developmental defects

Freudian concepts gave us not only a more elaborate codification of impulses and behavior, but related clinical conditions to developmental stages of the individual, as shown in the following table.

TABLE IX—LIBIDINAL AND CLINICAL CORRELATIONS

<i>Stages of Libidinal Development</i>	<i>Clinical Conditions</i>
Genital stage	Normality
Phallic	Hysteria
Late anal sadistic—controlling	Compulsion neurosis
Early anal sadistic—destroying	Paranoid
Late oral—demanding exploring	Manic depressive
Early oral—dependent	Schizophrenia—stupor

A new rationale appeared in psychiatry. A new system of exploration was seen: disorders were related to developmental blockages, fixations, or regressions, rather than to changes in the brain, according to the premises of pathology long established in medicine since Koch, Virchow and Pasteur.

Basic Concepts of Psychoanalysis and Emotional Dynamics are represented in Tables X and XI.

TABLE X—PSYCHOANALYSIS—*FUNDAMENTAL CONCEPTS*

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The Unconscious  
 Basic importance of early developmental history and experience  
 Repression  
 Transference—Resistance

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TABLE XI—PSYCHOANALYSIS—*ESSENTIAL DYNAMICS AND PROCESSES*

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1. Painful, unpleasant experiences and ideas unacceptable to parents, custom, culture, religion are  
     avoided  
     rejected
  2. Repression
  3. Resistance to recognition and awareness  
     Nietzsche:  
     Memory says, I did this.  
     Pride says, I could not have done it.
  4. Dissociation
  5. Unconscious—inclinations, preferences, aversions, fears, resentments, dependencies, prejudices, blind spots, handicaps, influence conscious thinking and behavior. Still effective.
  6. Childhood experience, impulses, untrained and antisocial, are important in adult behavior through shame, guilt, fear, reaction formations, displacements, sublimation.
  7. Free association—road to the unconscious.
  8. Transference—positive feeling to analyst gives patient security to expose, to unburden, to persevere and struggle. Negative transference, displacement, substitution. Inappropriateness, ineffectiveness of the personal and parochial in contrast to reality.
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Freud's contributions may well be compared with those of Copernicus, Darwin and Newton. Copernicus removed the earth from the center of the universe; Darwin displaced man from the center of creation, Freud, following 19th Century physics, reduced man's personality to the mechanical dynamics of impulses and complexes. It represented an effort to make psychology and therapy reasonably mechanical and objective. Hence one may move understandingly to

TABLE XII—CONCEPTS OF PSYCHOANALYTIC THERAPY

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Free association
Abreaction
Transference :
:
: analysis
:
Resistance :
Interpretation of symptoms
dreams
phantasies
defense mechanisms
Uncovering and resolving major emotional problems of patient's childhood.
Oedipus and Castration complexes. Fixation. Regression. Nirvana and
Pleasure Principles vs. Reality Principle and Super-Ego (education, train-
ing).

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the age of anxiety and the loss of self-hood, dignity and worth,—through the destructive effects of mechanization and hostility. Diego de Rivera has a terrorizing mural of colorful mosaic, in a new hospital in Mexico City, representing this process.

Newton discovered the pull of bodies, the force of gravity. Freud directed attention to the "pull of the past," the importance of past experience in the functioning of the individual, to childhood experiences and parent-child relationships. "As the twig is bent, so is the tree inclined." Freud's patient and penetrating observations with new techniques revealed new significance in the conditioning of the past, in the family and with the parents, in the development and molding of adult behavior.

With the prism, Newton split white light into its component wave lengths and colors. Freud saw the varieties and distribution of human behavior and resolved them into a spectrum of fundamental forces, forms, impulses, motivations and mechanisms.

A diagram of the functional elements of the personality according to psychoanalytic concepts is shown in Table XIII.

In addition to some of the concepts previously indicated, Freud introduced many terms and expressions describing behavior. They have become common in popular speech. The genius of Freud is shown in the great number of words and concepts which, through his observa-



TABLE XIII—DIAGRAM OF PERSONALITY

<i>Conscious Intellect</i>		
<i>Ego</i>		
Mastery		
Discrimination		
Mediation		
Perception		
<i>Instinct Emotion</i>		<i>Social</i>
<i>Id</i>		<i>Super-Ego</i>
Fear		Standards
Hate		Expectations
Love		Identifications
		Oppositions

TABLE XIV—PSYCHOANALYSIS AND STANDARD PSYCHIATRY

Concepts accepted, questioned, rejected

<i>Psychoanalysis</i>	<i>Psychiatry</i>
1. Symptoms have psychological or emotional meaning and significance	Has generally incorporated 1 through 12
2. Unconscious	
3. Repression	<i>especially:</i>
4. Dissociation	Unconscious
5. Indirect manifestation of impulse	Importance of childhood and family experience
6. Symbolization	Repression
7. Defense mechanisms	Dissociation
8. Structure of personality	Defense Mechanisms
id	Transference
ego	Abreaction
super-ego	Analysis
9. Transference	Insight
10. Resistance	
11. Abreaction	
12. Childhood and family experience	
1. Oedipus and castration complexes	
2. Infantile experience	
3. Sexuality and libido	
4. Dream emphasis	
5. Free association emphasis	
6. Dream, symptom and fantasy interpretations	
7. Recovery of unconscious material	
8. Removal of infantile amnesias and study of universal infantile neurosis.	

TABLE XV  
CLASSIFICATION - TERMINOLOGY

<u>Usual Psychiatric</u>	<u>Psychoanalytic</u>
Psychoneurosis (Inappropriate Displacement Fixations)	Transference Neurosis
Hysteria	Anxiety Neurosis
	Anxiety Hysteria
Neurasthenia	Neurasthenia
	Conversion Hysteria
Psychasthenia	Obsessive Compulsive Neurosis
Anxiety States	Hypochondriasis
<hr/>	
<u>Psychoses</u>	<u>Narcissistic Neuroses</u>
Manic-Depressive	Manic-Depressive
Dementia Praecox-Schizophrenia	Dementia Praecox-Schizophrenia
Paranoia	Paranoia

tions and emphasis, have become part of the established vocabulary and cultural currency of our time. What other genius has had numerically such an influence on the language and thinking of a people? Aristotle?

Some of the most important terms, concepts and complexes are shown in the accompanying Table (XIV). In contrast to the dynamic, epistemic concepts of psychoanalysis, one recalls the descriptive, classificatory, delineating, relatively static concepts which have been part of standard psychiatry. One sees the concepts of psychoanalysis which have been incorporated into the psychiatry of today—down to and including item Number 12 (Table XIV). Concerning certain concepts there is much argument and disagreement—others are “excluded” by many thinkers.

Table XV shows a translation or table of approximate equivalents of the terms of standard psychiatry of the first quarter of the century, and those of psychoanalysis.

For more completeness, Table XVI shows the Elements of the Super-Ego diagrammatically, and Table XVII the Development of the Sense of Reality and the Ego.

TABLE XVI—ELEMENTS OF SUPER-EGO

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Parental influences: criticism, praise authority, love, example, identification, opposition, reaction formation  
 Parental substitutes: nurses, teachers, employers  
 Herd opinion: religion, morality, esthetics  
 Hero worship: novels, history, newspapers, theatres, movies, friends  
 Conscious adaptation and development of a set of standards  
 Values—Expectations—Identifications—Oppositions  
 Conscience—Duty—Conscious Control

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TABLE XVII—DEVELOPMENT OF REALITY SENSE OR EGO  
 (Ferenczi)

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Unconditioned omnipotence (before birth)  
 Magical hallucinatory omnipotence (after birth) also drive for peace and security—Regression—Nirvana  
 Omnipotence by magical gestures  
 Power through thoughts and words  
 Perception, Discrimination, Evaluation, Mediation, between wishes of Id and the Standards and Expectations of the  
 Super-Ego and the possibilities of  
 Reality  
 Mastery—Maturity—Problem solving

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Psychoanalysis thus has pointed out and emphasized certain broad general concepts:

The push and pull of the past  
 The importance of development  
 The handicaps of development  
 The rationale of irrationality  
 The non-genitality of much of sexuality  
 The non-sexuality of much of sex  
 The extension of sexuality. The use of sexuality for non-genital goals  
 Sex is broadened to include sensuality, gratification, interest, cathexis, indirection, disguises, modification, symbolization of impulse, thought, communication, behavior, reaction formations.

It seems to me that unconscious, indirect, symbolic impulses and mechanisms (including physiology and chemistry) are underestimated in psychoanalytic *therapy* and psychotherapy and need to be more carefully investigated. Much of psychoanalysis in many quarters appears to be too formalized, rationalized, intellectualized and has become obsessive and compulsive. Much theory is built on a paradigm of 19th Century physics which is seriously questioned and apparently outmoded. Novelty, emergence, the creativity of new relationships and struggle, are concepts that I believe psychoanalysis has underemphasized and which Kierkegaard, Maritain, Sartre, Tillich and the Existentialists have described as essential aspects of reality.

Out of years of painstaking labor, study and research in the laboratory, the dialectic of history, culture, science and circumstance moved Freud into the clinic. He made fundamental studies on the brain stem of different species of animals, significant observations on cerebral diplegia; he discovered the use of cocaine in anesthetizing the cornea for ophthalmic surgery. He had unlimited energy. He must have had the conviction of destiny—which his mother felt and the fortune tellers in the Prater fostered. He was brilliant in his studies. He came out of years of stern training in neurophysiology and neuro-anatomy. He suffered the effects of loss of parental income when the Industrial Revolution deprived his father of his traditional work. He suffered the personal, cultural and professional persecution of the Jew. His young, warm and overprotective mother gave a vitality and security that his older less appreciative, disciplining father threatened. The age of his father, the youth of his mother, the confusing family relationships,—no wonder he had night terrors, enuresis and hallucinations!! No wonder the Oedipus relationships were strikingly delineated or etched in the apperceptions of this strong-feeling, determined, brilliant, unusual child. One shudders to think what would have been lost if Sigmund Freud had had normal personality reactions, normal family relationships, normal comfortable cultural and economic conditions and if he had had the comfort of what he desired in academic life under either Brücke or Meynert. Unreason, suffering, conflict (personal and cultural), disappointment, humiliation were numerous in the background of this genius. He was not a shaman nor a necromancer. He was a scientist and a seer. His hurts, humiliations and persecutions must have quite naturally built up a rigidity and compulsiveness to protect him

against disruptive hostility. No wonder he seemed paranoid at times. The revolt of favorite pupils seemed to accentuate the amphictyonic league of the elect. But the very strength of the opposition was a sign of cultural vitality—a gain for society and culture. The strength of his feelings accentuated differences and dissidences which were psychiatrically and culturally valuable—as the emphasis on Ego psychiatry, cultural studies and anthropology have shown. The intensity of contrasts and opposition have stimulated supplementary thinking about heredity, constitution, physiological, chemical and neurological considerations, especially recently in connection with the newer drugs. I believe those who have strongly opposed Freud, even the organicists, have had their wits sharpened and have been stimulated to more enlightened perspectives and effectiveness.

Freud's life is shot through with irony. Anatole France, whom Freud admired, wrote in his *Garden of Epicurus* that irony is one of the universal themes and strands of life.

The *volte face* in attitudes about psychoanalysis that took place in the course of Freud's lifetime was truly remarkable. Culpin\* in his book has some quotations that are now almost unbelievable: "The psychoanalyst should be repressed with all the strength and force of a controlling hierarchy." (*Lancet*, 1, 1916, p. 210.) Psychoanalysis is "exposed, blown up and discredited . . . its day is now past." (*Brit. med. J.* 2, 1916, p. 508.) Psychoanalysis is a "slimy, useless and offensive agitation of human sludge." (*Jour. Med. Science*, 1916, p. 692.) The psychoanalysts "are at their pernicious work in the lunacy wards of the great war hospitals." (*Brit. med. J.* 1, 1917, p. 64.)

However, in 1921, a great change had taken place. Farquhar Buzzard in his presidential address to the Royal Society said, "Psychoanalysis is as necessary for the study of psychiatry as accurate patient history-taking is necessary for the elucidation of medical problems of organic origin." He quotes Bernard Hart, "It is certain that Freud's work has opened a *new era*\*\* in psychology . . . and has fertilized immeasurably the arid field of old academic psychology." (*Proc. Roy. Soc. Med.*, Feb. 1921, pp. 2-3.) McDougal in 1936 writes (*Psychoanalysis and Social Psychology*, London, Wm. McDougal, Meitman, Ltd., 1936, p. 17), "In my opinion Freud has, quite unquestionably, done more for the *advancement* of our understanding of human nature

\* Culpin, M. *The Nervous Patient*, London, Lewis and Company, Ltd., 1924, pp. 16-17.

\*\*Italics here and in remainder of paragraph are present author's.

than any other man since Aristotle." This from the opposition and a critic! And in the *J. Amer. med. Assoc.* 113, 1939, on the occasion of his death, it was written that "*Freud discovered the most fundamental, dynamic fact of psychology—the fact of repression and resistance . . . psychoanalysis has become firmly established in psychology, education and in medicine.*"

Freud was a scientist and a seer. He was also a literary artist to whose ability Thomas Mann paid tribute. He was scientifically charismatic, but in the penetration and depth of his psychological ultra-microscopy, he missed at times the breadth of the lower power. He was unable to assimilate the divergencies of different perspectives. Another irony: he studied and defended individuality in his patients and in culture, but he could not accept it in his own psychoanalytic, cultural camp. He recognized difference and the importance of individuality, but often he could not recognize the value and obligation of dissidence, the reality of novelty, the inadequacy of determinism, the inevitability of change, the universality of it. Nor could he accept the impossibility of freezing life for long in rigidly mechanistic formulae, of making culture inflexible and have the personality survive. The constructive uses of individual perspectives, differences and dissonances, were concepts he could not stomach. The iconoclast became the conservative of the next generation. This has happened in psychoanalysis. The amphictyony that has developed in certain areas of psychoanalysis is a matter of the greatest concern to educators and scientists. Freud's life stood for originality, novelty, rebellion. Yet some of his most faithful followers do not tolerate the spirit that generated psychoanalysis. Perhaps there is a cultural dynamic in this fluctuation and alteration of opposites. The spirit of Metternich has flourished, some have felt, more than that of Jefferson.

But let us not get stalled and hung up on doubtful and debatable details or parochial particularities. The view that Freud has opened up is illimitable, stimulating, and offers many directions in which to apply our energies. *There is no finality to thought or to science or to education.* A mountain has different outlooks and there are different roads to the top. Let not our narcissisms, defenses and wishes for omnipotence, with consequent frustration, hostility, rigidity, rituals and compulsions set up obstacles to the progress to which the great psychoanalytic movement has pointed the way.

Psychoanalysis formed a ferment in the great masses of discouraged and apathetic patients and their relatives. At first it was esoteric, almost cabalistic. It presented a challenge to understanding, once one had gotten over the initial startle and boldness of some of the suggested theory. Even to get one thinking in dynamic terms, in terms of psychological and social etiology, was a tremendous contribution.

The point is not the formulations and rituals arrived at, however neat, consistent and comforting they be, and not the relative disappointment in therapeutic results.

We must not get stuck on the incompleteness and fantasies and speculations; we must not be discouraged with the diversity of views and perspectives. These are healthy developments. The importance lies in the ferment psychoanalysis has stirred, the new look it has developed, the new perspectives it has presented, the roads and possibilities it has opened. We should not think of the past but the possibilities of the future and the future of research. Therefore the invitation to psychoanalysis to join the body of university scholars, scientists, educators, psychological and social researchers in all areas of human behavior should be accepted. Commemoration, yes—but also dedication to new directions and devotions. The incorporation of the past into the future which Allport indicates in his concept of “Becoming” is a challenge for psychiatry and psychoanalysis.

Psychoanalysis has engendered new beehives of activity—observations, notes, speculations, detailed records, infinite time with individual patients. Kettering has pointed to the importance of seeing something new where others have seen only the old. The new will come out of this hive of activity. The requirements of institutes, however rigid, have demanded time with patients, supervision and speculation. Good and valuable things are bound to result in spite of the rigidities, intellectual and professional castration threats and unquestioning convictions. Hope has sprung up in hospitals and in our communities from the analysts and their work. Analysis has brought light, sunshine, inspiration and hope into our communities more than into our hospitals. The results, as Dr. William Lhamon has said of this hedonic, motivational psychology, have not been as dramatic as penicillin for syphilis or nicotinic acid for pellagra or electricity for depressions, but the community and western culture are alive with psychiatry and psychoanalysis. Optimism toward the most discouraging psychiatric conditions

is generated. Suffering people find analytic routines of therapy anxiety-relieving, even if not completely curative. Probably, therefore, suffering is lessened. A radical change of personality is not as frequently accomplished as one might hope, but as a result of the insights of Sigmund Freud, there is a new spirit abroad in psychiatry. The danger is that the radical empiricism of Freud will be displaced by the authoritarian control of conservatism and that the spirit of Freud will be lost.

The incorporation and integration of the energy and vitality, the enthusiasm and adventure of psychoanalysis into psychiatry and the science of human behavior, and into university functions, present untold opportunities for research, guided by the discipline of the scholarly tradition and the objectivity of the scientist. Psychoanalysis is not the millenium and is not the final word about human nature and psychiatry. It can, however, make still greater contributions if it becomes more closely integrated and collaborative.

The insights and contributions of Freud have been epochal. Before his time, psychiatry was classificatory, and treatment was expectant and custodial. Since his discoveries, psychiatry has become etiological and dynamic, and therapy rational, psychological and hopeful. His scheme of the development of the human personality has given us a paradigm by which we can understand much of the irrational, chaotic and bizarre, seen in psychiatric conditions. Freud himself changed his formulations and that process is still going on with progressive thinkers in psychoanalysis.

Many of the ten to twelve million patients in the United States with handicapping emotional disturbances cannot be analyzed, the majority of them, for many reasons. But psychoanalytic insights are helpful in many conditions that cannot be analyzed. The psychoneuroses, some psychoses, and some psychosomatic or functional medical conditions, some character disorders and neuroses, are those in which it may be appropriately employed.

The insights of psychoanalysis far transcend its therapeutic efficacy. The contribution of psychoanalysis as a method of investigating the human personality, as a tool of research, and as a means of insight, may very well turn out to be greater contributions than psychoanalysis as a method of therapy. Freud's contribution has been basic. It has thrown light where there was darkness and confusion, and has brought order where we saw only chaos. It is comparable to the introduction of



the benzene ring in organic chemistry. It has made our thinking functional and dynamic rather than static and verbal. It has given us new tools of thinking, understanding, therapy and cultural insights. It has opened new realms in psychotherapy and made it rational. The extravagances and errors of observation and theory will be corrected by time and experience.

TABLE XVIII—PSYCHOANALYSIS—VARIOUS MEANINGS

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A method of obtaining psychological data.
The collection of experiences or facts thus obtained.
A technique of therapy.
The various hypotheses or theories of psychoanalysis.
A philosophy of life or ethics.
Designation used loosely for any one of the different schools.

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The word psychoanalysis is used in a variety of ways, to designate different meanings. It is important to know in which sense the word is used in conversation or discussion; not all the meanings or uses of psychoanalysis are of equal value and acceptance. Its value as a means of obtaining psychological data is indisputable and accepted generally by classical psychiatry and psychology. Contributions in these areas have often transcended the other meanings. Popularly, the word psychoanalysis stands for a type of treatment or thinking. The word also connotes a prognostic optimism, which records and results do not appear to justify. From this point of view much wish fulfillment is incorporated in the word. But psychoanalysis stands for life and action in the face of the frustration, pessimism and almost therapeutic nihilism and paralysis, which pre-dynamic and pre-analytic psychiatry offered to Public Health Problem Number One.

Many criticisms have been leveled at present-day classical psychoanalysis. Some say that as a therapeutic device its effectiveness is limited to a small number of patients highly selected economically and socially, because of the time and expense involved. In the professional lifetime of an analyst, he can treat only several hundred patients, whereas psychiatric conditions requiring treatment run into millions yearly. Many people who have been analyzed for years remain ill. The results of the

different forms of analytic therapy appear to be statistically roughly the same. This seems to hold for any form of psychiatric therapy. Apparently the non-specific aspects of treatment are more fundamental than the intellectual frame of reference used.

It is claimed that the emphasis is too ritualistic and obsessive. The identical method unmodified is used with a great variety of very different psychiatric conditions and diagnoses. Psychoanalysis is too intellectual. There is too much insistence on the verbalization of insights, whereas the non-verbalized, unconscious aspects of therapy are underestimated and neglected. Making the unconscious conscious does not cure. Insight, of itself, does not cure.

It is said that there is too much stress on sex; that psychoanalysis preaches release of inhibitions and indulgence of instinctual gratification, too readily dispensing with super-ego controls; that it does not give adequate weight to moral, religious and social values.

There are those who feel that the conception of transference is too limited in classical psychoanalysis. It is not just a mirror to enable a patient to obtain a picture of past events and patterns of personality development. It is not just a backboard upon which to discharge displaced feelings and recognize their inappropriateness and unrealistic nature or to learn of prejudices and handicapping impulses. It is not just to learn of the unconscious. It is not just to enable the patient to gain sufficient security to talk freely. The relationship with the therapist or analyst is not just a reproduction of important past relationships, but enables the patient to identify with a new point of view, with new attitudes revealed in the questions and manner of the therapist—an identification which is constructive, dynamic, enabling the patient to try the new, to experiment and acquire fresh, constructive impulses, attitudes and behavior.

Another criticism is that classical psychoanalysis is too retrospective and dwells too much on mistakes and liabilities, is not sufficiently oriented towards the future and the assets of the individual. It is too reductive, and not sufficiently synthetic; too pessimistic and not sufficiently hopeful. It does not emphasize sufficiently faith, growth, novelty and the future. It is too individualistic. It does not emphasize sufficiency, the dynamic of "We-ness"—"Togetherness" and constructive identification. It is too Platonic, not sufficiently incorporating the insights of James and Bergson.

There are those whose criticisms are levelled especially at psychoanalytic theories in regard to the dynamics of human behavior. These are based, it is claimed, almost entirely on neurotic material and inadequate evidence, not statistically validated. Scientific methods are not used. Theories are based on retrospective reconstructions of the patient's productions and too frequently slanted by the analyst's special frame of reference. The processes of suggestion and intellectual direction are perhaps stronger than is generally recognized. Jung, Adler, Rank (and others) from the same observations reached different and at times opposing conclusions. It is said that the liberal analysts, like Alexander and Rado, in their modifications of psychoanalytic treatment are not really "doing" psychoanalysis.

The emphasis of psychoanalysis is too narrow, with a neglect of hereditary, constitutional, physical, organic, chemical, neurologic, cultural and social factors. Theories were too much influenced by the presuppositions of now out-dated 19th Century determinism and the patriarchal culture of Vienna at that time. Much that psychoanalysis has taken as biological, others think is cultural.

As a movement, critics find psychoanalysis too dogmatic and authoritarian. Education of analysts tends to be indoctrination rather than the encouragement of original thinking and an objective search for truth. Whereas Ph.D. students in economics study not only Adam Smith but also Marx, the Physiocrats, the Mercantilists and J. M. Keynes as well, psychoanalytic students are not encouraged to evaluate other formulations of theory.

It is difficult to have an objective and open-minded critical discussion of psychoanalysis. No criticism is valid, it is claimed, unless a person has been analyzed, because he won't know what he is talking about. His defenses, his unconscious, his reaction formulations and prejudices will cloud his evaluations. Those who have been analyzed usually become so completely converted that they have no criticisms to offer. There is a ready discounting of all criticisms. For example, if you deny the universality of sexuality and infantile neurosis, it is a defense against your awareness of their influence on your own life. If you get to an appointment early, you are anxious; if on time, you are compulsive and perfectionistic; and if late, you are resentful and hostile. Where are you? You can't win. There is little room for normality; everyone should be analyzed.

Psychoanalytic Institutes are too isolated from the currents of medical school and university life, traditions, practices and mutual criticisms. They are too removed from the company of scholars and scientists.

The above criticisms of psychoanalysis are of very varied and unequal importance. Some are emotional and defensive. Some are a result of misunderstanding. Some derive from inexperience. Some represent a "startle reaction" to new and tabooed material. Some are defensive of the traditional way of looking at human beings and society. Others do have a scientific and logical basis.

It is not within the scope of this discussion to enter into polemics. The contributions of psychoanalysis have been eulogized. This should not blind us to criticisms that will enhance its usefulness to psychiatry, psychology and society. Excesses and blind spots will be corrected by time, experience, discussion, reflection and the application of scientific and logical methods.

Criticisms have been recorded here in an effort at completeness and perspective.

Parmenidean unity is comforting. But it is perhaps more of a consoling phantasy than Heraclitus' vision. Heraclitus may come nearer to biological, cultural and psychological factors in the observation of the flux of the many and the permanence of change. This is my reading of culture, science, and history. It is a lesson we must learn if the new vistas opened by psychoanalysis are to be adequately exploited and new tools of methodology and therapy are to be forged in the fight against the crippling and devastating effects of mental and emotional illness. Against the burdens and handicaps of the past, unwholesome training, atavism, unrealism and unwisdom, revision and change will take place in psychoanalysis. Whether it will take 50 years or 100 years for psychoanalysis and psychiatry to be more effectively and wholesomely integrated remains to be seen. Certainly psychoanalysis, as we know it, will change.

I have attempted to present a picture of the relationships of psychoanalysis and psychiatry in the mid-Twentieth Century and to pay homage to that great genius—Sigmund Freud.